



Credit Card Authorization Change Form

Customer Name (person wearing the device): _____

Billings Info:

Name as it appears on the card: _____

Street Address for the credit card: _____

City/State/Zip for the credit card: _____

Credit card number _____

Expiration Month/Year: _____

I authorize Home and Wellness to charge the credit card above. The terms of these payments are outlined in the previously signed contract. This authorization form replaces the previous payment information that was proved to Home and Wellness.

Signature: _____

This form can be sent via text message to 316-633-0511.

You can also email it to support@homeandwellness.com

Thank you.